



05-23-03  
RCF/3629  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
PTO/SB/21 (08-00)

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

|  |   |                        |                  |
|--|---|------------------------|------------------|
| <b>TRANSMITTAL FORM</b>                                  |   | Application Number     | 09/863,722       |
| (to be used for all correspondence after initial filing) |   | Filing Date            | May 23, 2001     |
|  |   | First Named Inventor   | Martin           |
|  |   | Group Art Unit         | 3629             |
|  |   | Examiner Name          | Dixon, Thomas A. |
| Total Number of Pages in This Submission                 | 4 | Attorney Docket Number | 10527US16        |

**ENCLOSURES (check all that apply)**

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                        | <input type="checkbox"/> Assignment Papers<br>(for an Application)                            | <input type="checkbox"/> After Allowance Communication<br>to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                                | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences        |
| <input type="checkbox"/> Amendment/Reply  | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                              | <input type="checkbox"/> Petition to Convert to a<br>Provisional Application                  | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                              | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please<br>identify below):            |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Terminal Disclaimer  |   |
| <input type="checkbox"/> Information Disclosure<br>Statement                    | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Certified Copy of Priority<br>Document(s)              | <input type="checkbox"/> CD Number of CD(s) _____   |   |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   |   |   |
| <input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 |   |   |
|   | Remarks   | Request for Continued Examination   |

**RECEIVED**

MAY 27 2003

**GROUP 3600**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                               |                               |
|-------------------------------|-------------------------------|
| Firm<br>or<br>Individual Name | McAndrews Held & Malloy, Ltd. |
| Signature                     |                               |
| Date                          | May 22, 2003                  |

**CERTIFICATE OF MAILING**

|  |  |
|--|--|
| "Express Mail" mailing label number        |  |
| Date of Deposit: 5/22/03 EL 849 000 277 US |  |

|                   |                    |                                   |              |
|-------------------|--------------------|-----------------------------------|--------------|
| Name (Print/type) | Joseph M. Butscher | Registration No. (Attorney/Agent) | 48,326       |
| Signature         |                    | Date                              | May 22, 2003 |



PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

## FEE TRANSMITTAL for FY 2003

Patent Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$375)

| Complete if Known    |                  |
|----------------------|------------------|
| Application Number   | 09/863,722       |
| Filing Date          | May 23, 2001     |
| First Named Inventor | Martin           |
| Examiner Name        | Dixon, Thomas A. |
| Group Art Unit       | 3629             |
| Attorney Docket No.  | 10527US16        |

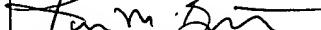
RECEIVED

MAY 22 2003

GROUP 3600

| METHOD OF PAYMENT   |  |                 |          | FEE CALCULATION (continued)   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
|---|--|-----------------|----------|---|----------------|----------|--------------|--|----------------------------|--------------------|---|------|--------------------|---|----|---|--|------|------|------|------|--|------------------------|------|------|------|------|---------------------------|-----------------------------------|------|-------|------|-------|---|---------------------------------------|------|------|------|------|--|---|------|--------|------|--------|---|---|------|-------------------|------|----|--|--|------|-----------------------------------|------|----------------------|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|-----|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">13-0017</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">McAndrews, Held &amp; Malloy</div> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input checked="" type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27   |  |                 |          | <b>3. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee Code (\$)</th> <th style="text-align: left;">Small Entity Fee Code (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td style="text-align: right;">65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td style="text-align: right;">25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td style="text-align: right;">130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td style="text-align: right;">2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td style="text-align: right;">920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td style="text-align: right;">1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td style="text-align: right;">55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td style="text-align: right;">205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td style="text-align: right;">465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td style="text-align: right;">725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td style="text-align: right;">985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td style="text-align: right;">160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td style="text-align: right;">160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td style="text-align: right;">140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td style="text-align: right;">1510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td style="text-align: right;">55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td style="text-align: right;">650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td style="text-align: right;">650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td style="text-align: right;">235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>610</td><td>2503</td><td style="text-align: right;">315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td style="text-align: right;">130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td style="text-align: right;">50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td style="text-align: right;">180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td style="text-align: right;">40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td style="text-align: right;">375</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td style="text-align: right;">375</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td style="text-align: right;">375</td><td>Request for Continued Examination (RCE)</td><td style="text-align: right;">375</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td style="text-align: right;">900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="4">Other fee (specify) -----</td><td></td><td></td></tr> <tr><td colspan="4"></td><td></td><td></td></tr> </tbody> </table> |                |          |              | Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description    | Fee Paid  | 1051 | 130                | 2051  | 65 | Surcharge - late filing fee or oath   |  | 1052 | 50   | 2052 | 25   | Surcharge - late provisional filing fee or cover sheet |                        | 1053 | 130  | 1053 | 130  | Non-English specification |                                   | 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination |                                       | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |   | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |   | 1251 | 110               | 2251 | 55 | Extension for reply within first month |  | 1252 | 410                               | 2252 | 205                  | Extension for reply within second month |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 610 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) | 375 | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) ----- |  |  |  |  |  |  |  |  |  |  |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$)   | Fee Description | Fee Paid |   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1051  | 130  | 2051            | 65       | Surcharge - late filing fee or oath   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1052  | 50   | 2052            | 25       | Surcharge - late provisional filing fee or cover sheet  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1053  | 130  | 1053            | 130      | Non-English specification   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1812  | 2,520  | 1812            | 2,520    | For filing a request for ex parte reexamination   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1804  | 920*   | 1804            | 920*     | Requesting publication of SIR prior to Examiner action  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1805  | 1,840*   | 1805            | 1,840*   | Requesting publication of SIR after Examiner action   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1251  | 110  | 2251            | 55       | Extension for reply within first month  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1252  | 410  | 2252            | 205      | Extension for reply within second month   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1253  | 930  | 2253            | 465      | Extension for reply within third month  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1254  | 1,450  | 2254            | 725      | Extension for reply within fourth month   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1255  | 1,970  | 2255            | 985      | Extension for reply within fifth month  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1401  | 320  | 2401            | 160      | Notice of Appeal  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1402  | 320  | 2402            | 160      | Filing a brief in support of an appeal  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1403  | 280  | 2403            | 140      | Request for oral hearing  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1451  | 1,510  | 1451            | 1510     | Petition to institute a public use proceeding   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1452  | 110  | 2452            | 55       | Petition to revive - unavoidable  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1453  | 1,300  | 2453            | 650      | Petition to revive - unintentional  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1501  | 1,300  | 2501            | 650      | Utility issue fee (or reissue)  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1502  | 470  | 2502            | 235      | Design issue fee  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1503  | 610  | 2503            | 315      | Plant issue fee   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1460  | 130  | 1460            | 130      | Petitions to the Commissioner   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1807  | 50   | 1807            | 50       | Processing fee under 37 CFR 1.17(q)   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1806  | 180  | 1806            | 180      | Submission of Information Disclosure Stmt   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 8021  | 40   | 8021            | 40       | Recording each patent assignment per property (times number of properties)  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1809  | 750  | 2809            | 375      | Filing a submission after final rejection (37 CFR § 1.129(a))   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1810  | 750  | 2810            | 375      | For each additional invention to be examined (37 CFR 1.129(b))  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1801  | 750  | 2801            | 375      | Request for Continued Examination (RCE)   | 375            |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1802  | 900  | 1802            | 900      | Request for expedited examination of a design application   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| Other fee (specify) -----   |  |                 |          |   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
|   |  |                 |          |   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 2. EXTRA CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee from below</th> <th style="text-align: right;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td><input type="text"/> - 20** = <input type="text"/> x <input type="text"/> = <input type="text"/></td><td></td></tr> <tr><td>Independent Claims</td><td><input type="text"/> - 3** = <input type="text"/> x <input type="text"/> = <input type="text"/></td><td></td></tr> <tr><td>Multiple Dependent</td><td><input type="text"/> = <input type="text"/></td><td></td></tr> <tr><td colspan="3">           Large Entity Fee Code (\$)           Small Entity Fee Code (\$)           Fee Description         </td></tr> <tr><td>1202</td><td>18</td><td>2202</td><td style="text-align: right;">9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td style="text-align: right;">42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td style="text-align: right;">140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td style="text-align: right;">42</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td style="text-align: right;">9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="4">SUBTOTAL (2) (\$)</td><td></td><td></td></tr> </tbody> </table> |  |                 |          | Extra Claims  | Fee from below | Fee Paid | Total Claims | <input type="text"/> - 20** = <input type="text"/> x <input type="text"/> = <input type="text"/> |                            | Independent Claims | <input type="text"/> - 3** = <input type="text"/> x <input type="text"/> = <input type="text"/> |      | Multiple Dependent | <input type="text"/> = <input type="text"/> |    | Large Entity Fee Code (\$)           Small Entity Fee Code (\$)           Fee Description |  |      | 1202 | 18   | 2202 | 9  | Claims in excess of 20 |      | 1201 | 84   | 2201 | 42                        | Independent claims in excess of 3 |      | 1203  | 280  | 2203  | 140   | Multiple dependent claim, if not paid |      | 1204 | 84   | 2204 | 42   | **Reissue independent claims over original patent |      | 1205   | 18   | 2205   | 9   | **Reissue claims in excess of 20 and over original patent |      | SUBTOTAL (2) (\$) |      |    |  |  |      | *Reduced by Basic Filing Fee Paid |      | SUBTOTAL (3) (\$375) |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| Extra Claims  | Fee from below   | Fee Paid        |          |   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| Total Claims  | <input type="text"/> - 20** = <input type="text"/> x <input type="text"/> = <input type="text"/> |                 |          |   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| Independent Claims  | <input type="text"/> - 3** = <input type="text"/> x <input type="text"/> = <input type="text"/>  |                 |          |   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| Multiple Dependent  | <input type="text"/> = <input type="text"/>  |                 |          |   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| Large Entity Fee Code (\$)           Small Entity Fee Code (\$)           Fee Description   |  |                 |          |   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1202  | 18   | 2202            | 9        | Claims in excess of 20  |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1201  | 84   | 2201            | 42       | Independent claims in excess of 3   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1203  | 280  | 2203            | 140      | Multiple dependent claim, if not paid   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1204  | 84   | 2204            | 42       | **Reissue independent claims over original patent   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| 1205  | 18   | 2205            | 9        | **Reissue claims in excess of 20 and over original patent   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL (2) (\$)   |  |                 |          |   |                |          |              |  |                            |                    |   |      |                    |   |    |   |  |      |      |      |      |  |                        |      |      |      |      |                           |                                   |      |       |      |       |   |                                       |      |      |      |      |  |   |      |        |      |        |   |   |      |                   |      |    |  |  |      |                                   |      |                      |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |      |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |     |      |     |      |     |   |  |                           |  |  |  |  |  |  |  |  |  |  |  |

\*\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |   | Complete (if applicable)                |        |                        |
|-------------------|---|---|--------|------------------------|
| Name (Print/Type) | Joseph M Butscher   | Registration No.<br>(Attorney or Agent) | 48,326 | Telephone 312-775-8000 |
| Signature         |  |   | Date   | May 22, 2003           |

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.